## FALL ZUMBA CLASSES



## Ages 13 & up

Zumba is a style of intense dance aerobics workout with pulsating Latin music.

Get lost in the music and dancing while making exercise fun.

This class focuses on dance steps and ab work while dancing! We'd love to have you!

## Ages 5 & up

**Zumbatomic** (Zumba for kids) is a fun, energizing and unique physical fitness dance program blending a variety of dance moves and games.

The dance moves include but are not limited to Hip-Hop and Latin styles. Come join the party!

These classes will be for SIX weeks and will be located at The Rocky Mount American Legion Building.

When: Beginning Wednesday, October 12, 2011

Where: Rocky Mount American Legion Building

Time: 5:00pm-5:30pm for ages 5-7 (Little Stars)

5:30pm-6:00pm for ages 7-12 (Big Stars)

6:00pm-7:00pm for ages 13 & up

Deadline to Register: Wednesday, October 5, 2011

Cost: \$30.00 per student

To register: Fill out the back of this form, mail form and payment to:

Franklin County Parks & Recreation

2150 Sontag Road

Rocky Mount, VA 24151

540-483-9293 office 540-483-0040 fax

www.franklincountyva.org/parks

Please call Megan Sawyers, Zumba & Zumbatomic licensed instructor, at 540-493-3652 for more information.



## <u>Franklin County Parks and Recreation Registration</u> <u>and Liability Waiver Form – 2011 Fall Zumba Classes</u>

Name		Age	
Mailing Address			
City		<b>Z</b> ip	
Email Address			
Home Phone:	Work Phone:	Cell Phone:	
YOUTH CLASS		ADULT CLASS	
including the instructions requirements of the pers			
	my responsibility to maintain an a	condition when I agree in the activity, activity level that is compatible with	
the result of participating	in this activity and any transporta	r other loss that I might sustain as ation related thereto. I further and from the area where the activity	
Franklin, or any officer or representatives of such pof engaging in any activit contract, or otherwise: the County (or its agents gross or wanton negliger to be photographed arpromote Franklin Cour	r employee of the County, or any versions for any personal injury or leaver relating to this program whethe except that this waiver shall not apply for any such personal injury or leave of any such person or entity. In the county of the cou	oss that I might sustain as the result r caused by negligence, breach of ply to any claim I might have against ass I might sustain arising out of I also give permission for my child	
<b>Signature of Parent / (</b> (if participant is under 18	· · · · · · · · · · · · · · · · · · ·		
I have the following physical impairments or medical conditions, including allergic reactions:			
Current medications that	participant is taking now:		
Name of Emergency Co	ontact:		
Emergency Contact Ph	one Number:		